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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

REED SMITH LLP
SUITE 1400
3110 FAIRVIEW PARK DRIVE
FALLS CHURCH, VA 22042



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/527,440	03/17/2000	Hiroki Nakae	HIRA-0003	3095

TITLE OF INVENTION: **RPRIMER DESIGN SYSTEM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1370	\$0.00	\$1370	12/21/2004

EXAMINER	ART UNIT	CLASS - SUBCLASS
CLOW, LORI A	1631	702-020000

1. Change of correspondence address or indication of "Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Reed Smith LLP
2. Stanley P. Fisher, Esq.
3. Juan Carlos A. Marquez, Esq.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
HITACHI, LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Tokyo, Japan

Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual ☒ Corporation or private group entity ☐ government

4a. The following fees are enclosed:

- ☒ Issue fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies: **3**

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature) (Date) **OCTOBER 29, 2004**

Stanley P. Fisher Reg. No.: 24,344
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